pplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

17-	IX	4	682
-----	----	---	-----

CLAIMS AS FILED - PART I (Column 1) (Column 2)				mn 2)	SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY										
TOTAL CLAIMS		10				ſ	RATE	FEE		RATE	FEE								
FOR		NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00								
TOTAL CHARGEABLE CLAIMS			/Omir	/ Ominus 20=		• 0		X\$ 9=	0	OR	X\$18=								
INDEPENDENT CLAIMS			/ minus 3 = *		• 0			X40=	0	OR	X80=								
MULTIPLE DEPENDENT CLAIM PRE			ESENT			+135=		OR	+270=										
* If the difference in column 1 is			less than zero, enter "0" in column 2			TOTAL	355	OR	TOTAL										
CLAIMS AS A			MENDED - PART II			SMALL ENTITY			OTHER THAN R SMALL ENTITY										
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)	1 .	SMALL		OR I I	SWALL								
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
N N	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=								
AME	Independent	·	Minus	***	T OL A114	=		X40=		OR	X80=								
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	+135=		OR	+270=								
						TOTAL ADDIT. FEE	2	OR	TOTAL ADDIT. FEE	# T.									
		(Column 1)		(Colu	ımn 2)	(Column 3)				-	•								
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
Š	Total		Minus	**		=		X\$ 9=		OR	X\$18=								
ME	Independent	•	Minus	***		=	41	X40=	a.	OR	X80=								
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_	+135=		OR	+270=	. 4							
							•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE								
		(Column 1)		(Colu	ımn 2)	(Column 3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_									
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER PIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
N N N	Total		Minus	**		=		X\$ 9=		OR	X\$18=								
	Independent.	<u> </u>	Minus	***		-		X40=		OR	X80=								
	FIRST PRES	ENTATION OF N	IULTIPLE DE	PENDE	NI CLAIN			+135=		OR	+270=								
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." 							•	TOTAL		1	TOTAL								
	*If the "Highest N	umber Previously	Paid For IN T	HIS SPACE	E is less th	an 3, enter "3."	•	ADDIT. FEE	L	OR	ADDIT. FEE	: 							
	The "Highest Nu	mber Previously P	aid For" (Total	or indeper	ndent) is th	e highest numb	ber fo	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											